



# IDAHO COMMUNITY FOUNDATION

## Barbara L. Carnefix Memorial Scholarship Fund

**Deadline: March 15th**

| <u>Who Can Apply?</u>   | <u>Required Application Materials</u>  |
|---|--|
| <ul style="list-style-type: none"><li>• Graduating seniors or former graduates of Fruitland High School;</li><li>• For students enrolled or enrolling in a degree-seeking program or certification program in the area of Business;</li><li>• Enrolled or enrolling as a full-time student in an accredited public or private junior college, college, university, vocational, or technical school;</li><li>• Preference is given to students attending Idaho colleges and universities;</li><li>• Financial need of the recipient is considered.</li></ul> | <ul style="list-style-type: none"><li>• Copy of your most recent high school or college transcript;</li><li>• A written statement (1-3 pages in length) describing the following:<ul style="list-style-type: none"><li>o Educational, career goals and objectives;</li><li>o Extra-curricular activities, volunteerism, awards, honors, and/or offices held;</li><li>o Work experience and if you plan to work while attending college;</li></ul></li><li>• Two letters of recommendation: one from a Fruitland High School staff member, and one from a person not employed by the Fruitland School District;</li><li>• Short written statement describing your financial need and how this scholarship will help you achieve your goals.</li></ul> |

### Application Instructions:

- Complete pages 1 & 2 of this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to [scholarships@idahocf.org](mailto:scholarships@idahocf.org) *no later than 11:59pm MST on March 15th*. Late/Incomplete applications will not be considered.

### **APPLICANT INFORMATION**

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_

Personal Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### SCHOOL INFORMATION

High School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

High School Cumulative GPA: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Please list the post-secondary institution you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Anticipated annual cost of attendance: \_\_\_\_\_

Cumulative college GPA (if applicable): \_\_\_\_\_

What field do you plan to study? \_\_\_\_\_

If you are already in college, number of credits completed towards degree: \_\_\_\_\_

If you are already in college, anticipated date of graduation: \_\_\_\_\_

### CERTIFICATION

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) \_\_\_\_\_

Date \_\_\_\_\_

**If selected for a scholarship, you will be notified by email.**

### **Questions?**

Email [scholarships@idahocf.org](mailto:scholarships@idahocf.org) or call (208)342-3535.